

# SOUTH CAROLINA STATE LIBRARY REQUEST FOR TRANSFERS OR REVISIONS IN STATE AID BUDGETS

This form must be supported with documentation indicating the reason for the transfer. No commitment should be made in anticipation of the approval of a transfer. Complete and return 2 copies of this form to Guynell Williams, Deputy Director, S.C. State Library, P.O. Box 11469, Columbia SC. A signed, approved original will be returned to you for your library's files.

Name of Librarian Making Request	Name of County or Regional Library	Signature, Library Director
I wish to make the following transfers in the State Aid budget for _____		
Fiscal Year		Date of Transfer/Revision Request

**Attach justification if transfer is over 10% of grand total.**

BUDGET AS APPROVED _____ (date)	REQUEST FOR TRANSFER OF FUNDS	ADJUSTED BUDGET AFTER TRANSFERS
Personal Services      \$ _____	\$ _____ from _____ to _____	Personal Services      \$ _____
Library Materials/ Resources      \$ _____	\$ _____ from _____ to _____	Library Materials/ Resources      \$ _____
Preservation      \$ _____	\$ _____ from _____ to _____	Preservation      \$ _____
Electronic Access      \$ _____	\$ _____ from _____ to _____	Electronic Access      \$ _____
Equipment (Electronic Access)      \$ _____	\$ _____ from _____ to _____	Equipment (Electronic Access)      \$ _____
Equipment (Other)      \$ _____	\$ _____ from _____ to _____	Equipment (Other)      \$ _____
Bookmobile Operation      \$ _____	\$ _____ from _____ to _____	Bookmobile Operation      \$ _____
Contract Services      \$ _____	\$ _____ from _____ to _____	Contract Services      \$ _____
Audit      \$ _____	\$ _____ from _____ to _____	Audit      \$ _____
Capital Outlay      \$ _____	\$ _____ from _____ to _____	Capital Outlay      \$ _____
<b>GRAND TOTAL      \$ _____</b>		<b>GRAND TOTAL      \$ _____</b>

FOR STATE LIBRARY'S USE: Signature of Approval: _____	Date of Approval: _____
Director, S.C. State Library	